

# SACRAMENTO COUNTY COVID-19 REPORTING & CONTACT TRACING FORM FOR SCHOOLS

*Schools (including daycare, childcare, and K-12) should:*

- Report cases of confirmed COVID-19 in students or staff to Sacramento County Public Health by using this reporting form OR by submitting a line list (if there are multiple cases and it is easier for the school)
- Follow Sacramento County Public Health guidance after identification of a student or staff with confirmed COVID-19

**Name of School & District:** \_\_\_\_\_

**School Point of Contact & Phone Number:** \_\_\_\_\_

## POSITIVE PATIENT INFORMATION

<b>Student Name:</b> (Last, First)		<b>Staff Name:</b> (Last, First)		<b>Date of Birth:</b>		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Home Address:</b>				<b>City, Zip Code:</b>		<b>Phone #:</b>	
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown				<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>Teacher(s) and/or Room Location:</b>	
<b>Date of Illness Onset:</b>		<b>Date of Last Attendance:</b>		<b>COVID-19 + Test Date and Testing Location:</b>		<b>COVID-19 Symptoms: (if yes, please list)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## COMPLETE LIST OF CLOSE CONTACTS OF PATIENT

- For COVID-19, a close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting **from 2 days before** illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated. Symptoms can include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.

Contact Name	Location	Phone #	Relation to Positive case	Duration of contact More than 15 min? Distance between contact Less than 6 ft.? Y/N	COVID-19 Symptoms Y/N (If yes please list)	COVID-19 Test Y/N (if yes, date)	COVID-19 Test Results Date, Pos/Neg	Date Notified by School contact tracer team
SAMPLE: Mrs. Franklin	Room 1	555-555-5555	Teacher	Y	N	Y 9/22/20	Neg 9/24/20	
SAMPLE: Jimmy Lee	Room 1	555-555-5555	Student	Y	Y Fever 101	Y 9/22/20	Y 9/24/20	

**Please send/fax report to:**

Sacramento County Public Health

COVID19@saccounty.net or Secure Fax: (916) 854-9709